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FSA-2104 (01-20-04)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		PART A - GENERAL INFORMATION				
GUARANTEED LOAN MAKING FILE REVIEW QUESTIONNAIRE				1. NAME OF BORROWER:				
				A. LAST NAME	B. FIRST NAME	C. MIDDLE INITIAL		
2. DATE (MM-DD-YYYY)	3. STATE CODE	4. COUNTY CODE	5. BORROWER IDENTIFICATION NO.					
6. SERVICE CENTER MAIL CODE	7. DISTRICT NUMBER	8. STATE ABBREVIATION	9. TYPE OF ASSISTANCE CODE					
10. LOAN AMOUNT \$	11. LOAN TYPE (Check one below:)		12. TYPE OF LENDER (Check one below:)					
	<input type="checkbox"/> Initial Loan <input type="checkbox"/> Subsequent Loan		<input type="checkbox"/> SEL <input type="checkbox"/> CLP <input type="checkbox"/> PLP					
PART B - REVIEWER'S INSTRUCTIONS								
All "NO" answers (and N/A when judged necessary by the reviewer) require a detailed explanation of the weaknesses identified. General statements are not acceptable. (Furnish attachments and statements to support findings in Part C, Remarks, on Page 2.)						YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
1. Was the loan made for authorized purposes?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has FSA-1980-25 or FSA-1980-28 been properly completed and the required items obtained?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has a loan narrative been completed by the lender which thoroughly evaluates the operation's physical, managerial and financial resources?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a properly completed balance sheet included with the application, including verifications where applicable?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the file contain a properly completed cash flow budget?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is income supported?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are expenses supported?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the applicant's repayment capacity adequate? For SEL and CLP lenders: Using proper expense and income assumptions, did the lender's cash flow budget show a feasible plan at the time of loan approval? For PLP lenders: Did the lender adequately justify the applicant's repayment ability in the loan narrative?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the loan security appropriate?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If IA is involved, does the file demonstrate adequate need?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was FSA-1980-15 properly executed?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the guaranteed loan been properly closed and FSA-1980-27 properly issued?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Was the application approved or disapproved within the required time frame?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A. NAME		14B. TITLE		14C. REVIEWER'S SIGNATURE				

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PART C - COMMENTS				
1. NAME OF BORROWER:			D. BORROWER IDENTIFICATION NO.	E. SERVICE CENTER MAIL CODE
A. LAST NAME	B. FIRST NAME	C. MIDDLE INITIAL		
2. REMARKS: All "NO" answers (and "N/A" when judged necessary by the reviewer) require a detailed explanation of the weaknesses identified in Part B, Items 1 through 13. <i>(Please include the Item No. with each comment.)</i>				